Periscope.

EXCERPTS WILL BE FURNISHED AS FOLLOWS:

From the Hollandish, Swedish, Danish, Norwegian, German, Portugese, Roumanian, Spanish, and Italian:
F. H. PRITCHARD, M.D., Norwalk, O.

From the Swedish, Danish, Norwegian and Finnish:
FREDERICK PETERSON, M.D., New York.

From the German:
WILLIAM M. LESZYNSKY, M.D., New York.
BELLE MACDONALD, M.D., New York

From the French:
L. FISKE BRYSON, M.D., New York.
G. M. HAMMOND, M.D., New York.

From the French, German and Italian:
JOHN WINTERS BRANNAN, M.D., New York.

From the Italian and Spanish:
WILLIAM C. KRAUSS, M.D., Buffalo, N. Y.

From the Italian and French:
E. P. HURD, M.D., Newburyport, Mass.

From the German, Italian, French and Russian:
ALBERT PICK, M.D., Boston, Mass.

From the English and American:
A. FREEMAN, M.D., New York.

From the French and German:
W. F. ROBINSON, M.D., Albany.

PATHOLOGICAL.

SO-CALLED CEREBRAL PACHYMENINGITIS—(SUB-DURAL HÆMATOMA).

This disease is usually described as commencing with the formation of a delicate film on the inner surface of the dura-mater, upon which similar films develop, producing in time a membrane. The films are permeated with thin walled capillaries, which frequently rupture and give rise to hæmorrhagic effusions. Joseph Wigglesworth, M.D., Lond. M. R. C. P., opposes this inflammatory doctrine, and in the "Liverpool Medico-Chirurgical Journal," July, 1891, offers some of the following observations in favor of the hæmorrhagic origin of this affection: In the primary film there can be detected no trace of any inflammation, according to the author. The vascular adhesions forming between the new membrane and the dura are similar to what happens when a thrombus forms in a vein. The lamination of the membrane may be accounted for in the same way that we explain the layers of fibrine in an aneurismal sac. Cases continually occur in which blood and clot are found in the subdural space, without any membrane, leading to the inference that membrane is formed from the blood and not the blood from the membrane. Several cases have been seen presenting subarachnoid hæmorrhage, associated with a recent membrane, where it has been possible to trace the actual rupture in the arachnoid through which the blood escaped. There is a greater tendency for the blood to rupture direct into the sub-dural space than to spread beneath the arachnoid, which is accounted for by the conditions present in many cases of insanity and general paralysis, in which the adhesion between pia and arachnoid, over the summits of the gyri, is so great as to constitute one membrane, and in bursting into the arachnoid cavity, the blood follows the lines of least resistance. These pachymeningitic membranes occur under conditions which favor hæmorrhage, being associated in overwhelming proportion with brain degeneration and atrophy, especially when these conditions are combined with congestion of the meninges. Brain atrophy is the proximate cause of the hæmorrhage, the meningeal vessels suffering thereby a loss of support, and with this we have meningeal congestion, and further, degeneration of the vessels themselves, a series of circumstances highly favorable to the effusion of blood. A. F.

PROGRESSIVE BULBAR PARALYSIS.

Nothnagel (Internat. klin. Rundschau, 1891, No. 17–20), in presenting a patient with this disease, makes the following observations:

Speech disturbances, such as difficulty in articulation, lead to the diagnosis of bulbar paralysis. The patient speaks as if he had something in his mouth. The mobility of the tongue seems to be interfered with, the lingual sounds giving him the greatest difficulty. There are demonstrable fibrillary contractions and atrophy of the tongue. We have to do with either a peripheral lesion affecting the trunk of the hypoglossal nerve or an atrophy of the hypoglossal nucleus. In lingual paralyses of central origin there is paresis of the tongue, yet fibrillary contractions and pronounced atrophy are absent. A third possibility is the wasting of the substance of the tongue from disease in the organ itself. The wasting of the tongue in tabes seems to be due to atrophy of the hypoglossal nucleus. The commonest causes of dysarthria are either dementia paralytica or progressive bulbar paralysis. In the former, speech is syllabic, in fact, ataxic. In the present case there is, furthermore, paresis of the facial nerve and the muscles of deglutition. We thus have a case of glosso-labial-pharyngo-laryngeal paralysis. In its further progress there will be paresis in the distribution of the accessorius and the vagus (marked